

Mail Receive Date: 2010-09-29

WMP-73B

CUSTOMER STATEMENT

STORE #: 3401 DATE: 9/23/10 TIME: 5:10 a.m./p.m. (p.m.)  
 NAME: Ticora Williams  
 ADDRESS: 6305 Topaz Trail  
 CITY: College Park STATE: Georgia ZIP: 30349  
 PHONE: (770) 991-3147 SSN: \_\_\_\_\_  
 DOB: 12/11/59

Describe in your own words, the events leading up to the incident:

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Identify and describe the location of the incident:

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List name, address and phone number of any witness(s) to the incident:

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Name of associate you reported the incident to:

Saville Andrews

Customer Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Management Signature: [Signature] Date: 9/23/10

A COPY OF THIS STATEMENT SHOULD BE MADE AVAILABLE TO THE  
CUSTOMER UPON REQUEST.

